

THE INTERNATIONAL COMMISSION ON HOLOCAUST ERA INSURANCE CLAIMS

FOR OFFICE USE ONLY
CLAIM NUMBER

DATE

CONFIDENTIAL CLAIM FORM

Please fill in this form as completely as possible and to the best of your knowledge. **You must answer each question marked with a black numbered box (for example 2.1) so we can deal with your claim.** Responses such as “don’t know” or “not applicable” or “can’t remember”, for example, are acceptable. If you need more space please use the last page for any extra information. If you are claiming for more than one policy, please complete a separate form for each policy.

Enclosures (please tick as appropriate)

- ☐ Declaration of Consent completed and signed
(we cannot process your claim without it)
- ☐ proof of identity (e.g. copy of passport)
- ☐ other documents and/or statements
and/or information substantiating your claim

Signature of claimant _____

Place signed _____

Date signed _____

DAY /MONTH /YEAR

If you have a representative he/she must sign here

Signature of representative _____

Place signed _____

Date signed _____

DAY /MONTH /YEAR

1

ELIGIBILITY

1

1 Was the policyholder and/or insured and/or beneficiary a victim of the Holocaust ?

1

The term “policyholder” refers to the person who bought the insurance contract. The term “insured person” refers to the person who was covered by the insurance. The term “beneficiary” refers to the person entitled to receive the insurance payment.

For our purpose a Holocaust victim is defined as anyone who:

- was deprived of their life;
 - suffered damage to their mental or physical health;
 - was deprived of their economic livelihood;
 - suffered loss or deprivation of financial or other assets;
 - suffered any other loss or damage of their property;
- as a result of racial, religious, political or ideological persecution by organs of the Third Reich or by other Governmental authorities in the territories occupied by the Third Reich or its Allies during the period from 1933 to 1945.

☐ **Yes** ☐ **No**

INFORMATION ABOUT YOURSELF

Please add a copy of your passport/identity card/
driver's license/other form of official documentation.

Do not send us the original.

2.1 *Last name* **2.1**

2.2 *First name* **2.2**

2.3 Middle name(s) **2.3**

2.4 *Maiden name (if applicable)* **2.4**

2.5 Sex ☐ Male ☐ Female **2.5**

2.6 Name changes including changes of spelling (if any) **2.6**

2.7 Date of birth (day/month/year) **2.7**

2.8 Place of birth (country/state/city) **2.8**

2.9 Citizenship **2.9**

When was it acquired if not by birth.

All former citizenship (if any) and from when
to when?

2.10 *Current address* **2.10**

Please include country
and area codes for
telephone/fax numbers

Street, No.

City

State

Zip/Post Code

Country

Telephone

Fax

2.11 Name, address and telephone number of a
relative of yours **2.11**

3.1 *Name of company***3.1**☐ I do not know**3.2** Place where insurance policy was purchased

Country

3.2

State

City

3.3 Other information which might support the search
(e.g. name of insurance agent or intermediary who sold
the policy, letterhead, corporate logo etc).**3.3****4.1** *Can you provide us with copies of any document
and/or statement and/or other information
substantiating your claim?***4.1**☐ No ☐ YesIf yes: ☐ policy☐ correspondence☐ premium payments☐ other documents and/or statements
and/or other information,
please specify:

PLEASE ENCLOSE ONLY COPIES OF DOCUMENTS IN YOUR
POSSESSION.

5.1 Type of insurance policy 5.1

- ☐ Life insurance
 Annuity
 Endowment
 Dowry or education
☐ Other, please specify:

5.2 Policy number 5.2

5.3 Currency 5.3

5.4 Sum insured 5.4

5.5 Date of issue 5.5

5.6 Date of maturity 5.6

5.7 Are you aware of any payments resulting out of the insurance policy?

5.7

☐ Yes ☐ No

If Yes:

When?

To whom?

Amount?

Please specify type of payment below:

☐ **Payment to a blocked account**

(an account held in the accountholder's name to which access was restricted i.e. transactions were possible only when permitted by government)

☐ **Payment to a government following confiscation of the policy**

(policy was confiscated by government and proceeds were subsequently to be paid by company directly to government)

☐ **Policy loan**

(a loan against the policy, provided by the insurance company to the policyholder)

☐ **Surrender payment**

(early surrender of policy to the company in order to receive the surrender value in cash)

☐ **Other, please specify**

(For payments resulting from a restitution/compensation procedure see section 9)

- | | | |
|-------------|--|-------------|
| 5.8 | Mode of payment of the premium: | 5.8 |
| | <input type="checkbox"/> Single payment | |
| | <input type="checkbox"/> Weekly/monthly/annual payment | |
| <hr/> | | |
| 5.9 | Amount of premium | 5.9 |
| <hr/> | | |
| 5.10 | To the best of your knowledge, were all premiums paid? | 5.10 |
| <hr/> | | |
| | If not, for how long were payments made? | |
| <hr/> | | |
| | Why were the payments stopped? | |
| <hr/> | | |
| <hr/> | | |
| 5.11 | Has anybody approached the insurance company about this insurance policy?
If yes, please specify name, year etc.
(Please attach copies of all relevant correspondence with the insurance company.) | 5.11 |

6

POLICYHOLDER

6

The term “policyholder” refers to the person who bought the insurance contract.

Please write the name as it would appear on an official document such as an insurance policy.

- | | | |
|------------|---|------------|
| 6.1 | <i>Last name of policyholder</i> | 6.1 |
| <hr/> | | |
| 6.2 | <i>First name of policyholder</i> | 6.2 |
| <hr/> | | |
| 6.3 | Middle name(s) of policyholder | 6.3 |
| <hr/> | | |
| 6.4 | <i>Maiden name of policyholder if applicable</i> | 6.4 |
| <hr/> | | |
| 6.5 | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 6.5 |
| <hr/> | | |
| 6.6 | Name changes including changes of spelling (if any) | 6.6 |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| 6.7 | Any other names used by policyholder (including aliases) | 6.7 |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| 6.8 | <i>Date of birth of Policyholder (day/month/year)</i> | 6.8 |

6.9 *Place of birth of policyholder (country/state/city)*

6.9

6.10 If applicable date (day/month/year) and place of death of policyholder or best approximation

6.10

6.11 *Citizenship of policyholder*

6.11

When was it acquired if not by birth?

All former citizenship (if any) and from when to when?

6.12 Former known place(s) of residence of policyholder before 1945 including stays in camps, ghettos etc.

6.12

For how long did the policyholder stay at these places?

Please add dates where possible

6.13 If the policyholder was insured by his/her employer, what was the policyholder's profession and name of employer until 1945?

6.13

6.14 What is your relationship to the policyholder (e.g. husband, wife, child etc.)?

6.14

6.15 *Do you know of any other living heirs of the policyholder?*

6.15

☐ Yes ☐ No

If yes, please indicate names and addresses

The term "insured person" refers to the person who was covered by the insurance policy.

7.1 *Last name of insured person(s)*

7.1

7.2 *First name of insured person(s)*

7.2

7.3 Middle name(s) of insured person(s)

7.3

7.4 *Maiden name of insured person(s) if applicable*

7.4

7.5 Sex ☐ Male ☐ Female

7.5

7.6 Name changes including changes of spelling (if any)

7.6

7.7 Any other names used by insured person(s) (including aliases)

7.7

7.8 *Date of birth of insured person(s) (day/month/year)*

7.8

7.9 *Place of birth of insured person(s) (country/state/city)*

7.9

7.10 If applicable date (day/month/year) and place of death of insured person(s) – or best approximation

7.10

7.11 *Citizenship of insured person(s)*

7.11

When was it acquired if not by birth?
All former citizenship (if any) and from when to when?

7.12 Former known place(s) of residence of insured person(s) before 1945 including stays in camps, ghettos etc. 7.12

For how long did the insured person(s) stay at these places?

Please add dates where possible

7.13 What is your relationship to the insured person(s) (e.g. husband, wife, child etc.)? 7.13

7.14 Do you know of any other living heirs of the insured person(s)? 7.14

☐ Yes ☐ No

If yes, please indicate names and addresses

8 NAMED BENEFICIARY

8

The term "beneficiary" refers to the person named in the policy as entitled to receive the insurance payment.

8.1 Last name of beneficiary 8.1

8.2 First name of beneficiary 8.2

8.3 Middle name(s) of beneficiary 8.3

8.4 Maiden name of beneficiary if applicable 8.4

8.5 Sex ☐ Male ☐ Female 8.5

8.6 Name changes including changes of spelling (if any) 8.6

8.7 Any other names used by beneficiary (including aliases) 8.7

8.8 Date of birth of beneficiary (day/month/year) 8.8

8.9 Place of birth of beneficiary (country/state/city)**8.9**

8.10 If applicable date (day/month/year) and place of death of beneficiary – or best approximation**8.10**

8.11 Citizenship of beneficiary**8.11**

When was it acquired if not by birth?

All former citizenship (if any) and from when to when?

8.12 Former known place(s) of residence of beneficiary before 1945 including stays in camps, ghettos etc.**8.12**For how long did the beneficiary stay in these places?
Please add dates where possible

8.13 What is your relationship to the beneficiary (e.g. husband, wife, child etc.)?**8.13**

8.14 Do you know of any other living heirs of the beneficiary**8.14**☐ Yes ☐ No

If yes, please indicate names and addresses

9.1 Have you or anybody else participated in any compensation / restitution procedure for this claim (e.g. Deutsche Wiedergutmachung, Bundesentschädigungsgesetz (BEG), Bundesrückerstattungsgesetz (BRüG) , US. Foreign Claims Settlement Commission or other) ?

9.1

☐ Yes ☐ No ☐ I do not know

If yes, under which compensation scheme, how much was paid and to whom?
(please add BEG or other procedure register number)

If no application was made, why not?

If you applied, but no payment was received, why not?

IS ANYONE REPRESENTING YOU?

If yes, you need to complete this section.

Please make sure that your representative signs the first page of this form and the Declaration of Consent.

10.1 Representative's last name 10.1

10.2 Representative's first name 10.2

10.3 Representative's middle name(s) 10.3

10.4 Representative's law firm, company, or other organisation name (where applicable) 10.4

10.5 Representative's address

10.5

Please include country
and area codes for
telephone/fax numbers

Street, No.

City

State

Zip/Post Code

Country

Telephone**Fax**

11

FURTHER INFORMATION

11

11.1 Please add any other information which might be helpful

11.1

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

